

The Rhode Island Foundation Year 2004 Application

Rhode Island Commission on Women/ Freda H. Goldman Education Award

The Rhode Island Commission on Women/Freda H. Goldman Education Award Fund was established at The Rhode Island Foundation in 1997 in recognition of the fact that women often need special encouragement and aid to fulfill their future career and educational goals. This award will be given to one or more women who have demonstrated the need for supplementary financial assistance who are pursuing education or job training. Among these needs are transportation, child care, introductory courses to a program, tutoring, educational materials and related costs (not including tuition). The intent of this program is to help with needs not met by existing programs. Two awards ranging from \$300 to \$600 will be given annually, and prior winners may reapply for this award. Preference will be given to highly motivated, self-supporting low-income women who are completing their first degree or certificate program. Eligible applicants need to be:

- Enrolled or registered in an educational or job skills training program.
- A Rhode Island resident.
- Able to demonstrate financial need.

A COMPLETE APPLICATION INCLUDES:

A completed application form	One essay
Your financial aid award letter (if applicable)	Your most recent official academic transcript
A copy of your final Student Aid Report,	One letter of recommendation
(if applicable)	

DEADLINE

Your application must arrive by June 18, 2004. Please complete all questions--incomplete applications will not be considered. Grants will be made on an objective, non-discriminating basis.

Please mail your application and all required materials in ONE envelope to:

Libby Monahan RICW/Freda Goldman Award The Rhode Island Foundation One Union Station Providence, Rhode Island 02903

Please contact Libby Monahan at (401) 274-4564 with any questions concerning the application process.

THIS APPLICATION CAN ALSO BE DOWNLOADED FROM OUR WEBSITE AT WWW.RIFOUNDATION.ORG



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Rhode Island Commission on Women/ Freda H. Goldman Education Award

A. STUDENT INFORMATION

N.								
war	me:		last/first/mid	dle initial			gender	
Social Security Number:		Birth	Birth Date:					
						m	onth/day/year	
Per	manent Address:							
					street			
_					city/state/zip			
Pho	one Number:							
Emergency Contact: Phone Number:								
Mai	rital Status:	☐ Single	■ Married	☐ Divorced	☐ Separated	☐ Widowe	ed	
	is award is for women is most appro				ne categories lis	ted below.	Please check the	e item or
	Preparing for a non-traditional job or career for women such as carpenter, auto mechanic, engineer, etc.							
	Women ex-offenders who want to undertake career training.							
	Women needing skills to re-enter the job market.							
	Women seeki	ng skills to	improve thei	ir job status.				

☐ A displaced homemaker and/or single mother wishing to further your education.

B. ACADEMIC INFORMATION

Please attach an official copy of your most recent GED, high school or college transcript.						
High School:	graduation date					
Educational institution for which aid is requested:						
In fall 2004, I will be a: Freshman / Sophomore / Junior / Senior (circle one) Expected graduation date:						
Are you: Accepted / Enrolled / Awaiting a decision (circle one)						
Enrollment status: Full-time /Part-time (circle one)						
Housing status: On campus /Off campus /At home with family (circle one)						
Intended field of study:						
Degree sought:						
C. EMPLOYMENT AND COMMUNITY ACTIVITIES						

D. ESSAYS

Please write a brief but complete statement below explaining: 1) your reasons for returning to school, 2) how you chose your intended career/job training, 3) how this scholarship can help you achieve your goals, and 4) specifically how the money will be used. (500 word limit)

Please attach a resume including your work history and any community activities in which you are/have been involved.

E. FINANCIAL AID INFORMATION

Please attach the following documents, if applicable:

- 1) A copy of your financial aid award letter from the college or institute of higher education you will be attending (if you are undecided, please send award letters from your top two choices).
- 2) A copy of your final Student Aid Report (SAR) -- not the application you submitted, but the returned report from the U.S. Dept. of Education.

COST OF ATTENDANCE: Name of College		Estimated Total Costs (tuition, room & board)			
	\$				
Second Choice (if applicable):	\$				
INCOME AND ASSET DATA:					
I am classified as a Dependent					
If your parents claim you as a tax exemption, have most recent IRS tax return. If you are married, ch spouse.					
I am classified as Independent					
You are an independent student if you are 24 year spouse (if applicable) must be included. You do taken from your most recent U.S. Income Tax Rethave (1) served in the military, (2) are a ward of not been claimed by your parents for two consequents.	not need to supply in turn. If you are under the courts, (3) are m cutive years and have	formation from you 24, you may claim arried and living aw	r parents. Fig independent ay from your p \$4,000 in ead	ures should be status only if you parents, or (4) have ch of those two	
	Parent		Independen	t Student/Spouse	
Adjusted gross income (annual, from U.S.					
income tax return)	\$		\$		
Total U.S. income tax paid	\$				
Income earned	\$ \$	Parent A Parent B	\$		
Other income and benefits (Social Security, Family Independence Program, disability, child support) Cash, savings, bonds, stocks, checking accounts	\$		\$		
certificates of deposit (CDs), etc.	\$		\$		
Net value of real estate holdings not used as primary residence	\$		\$		
*******	Ψ		Ψ		
(For dependent students only:)					
Dependent student's earned income	\$				
Student's savings	\$				

Total number family members Total	al number exemptio	ns claimed on inco	me taxes		
List all children living with you and all family men	nbers supported at le	east half -time. Do N	OT include yo	urself.	
name/age	school/tuition		relationsl	hip to the applicant	
name/age	school/tuition		relationsl	hip to the applicant	
name/age	school/tuition		relationsh	nip to the applicant	

F. ADDITIONAL INFORMATION

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	re any unusual personal, financial or family circumst tee? Please be specific. (You may add one additiona	
How did you hear about this award?		
Have you applied for any other Rhoo	de Island Foundation scholarships?	
☐ Yes ☐ No	Name of scholarship:	
G. CERTIFICATION AN	ID SIGNATURES	
on request, any information require requests for information eligibility for	n this form is true and complete to the best of my (our of to verify statements made above. I (we) realize that or grants and scholarships will be lost. I also grant per ode Island Foundation to use my photograph and/or	t if I (we) do not comply with mission to the Rhode Island
Applicant's signature		date
Parent signature (if applicant is de	pendent)	 date

Send completed application and all required attachments together in **ONE ENVELOPE** by June 18, 2004 to:

Libby Monahan RICW/Freda Goldman Award The Rhode Island Foundation One Union Station Providence, Rhode Island 02903

- Please do not staple application or attachments together.
- Financial information is confidential for review only by the members of the Advisory Committee and The Rhode Island Foundation.